

Qualified Landscape Industry Certified Technician (LICT) Application

Tree Installation and Maintenance

LICT Name: _____

A. WORK HISTORY

List below three pruning projects that you have worked on that are similar to the work explained in this contract

CUSTOMER OR COMPANY	INSPECTOR OR CONTACT PERSON	CONTACT PHONE	# OF TREES MANAGED	# OF PEOPLE SUPERVISED	BEGIN AND END DATES OF CONTRACT / JOB

B. EXPERIENCE SUMMARY - please answer the following questions:

1. IDENTIFICATION - Describe your responsibilities in identifying trees and state purposes for making identifications.

2. TREE INSTALLATION AND MAINTENANCE - Explain what type and method of tree planting and installation you have performed.

3. SAFETY

a) Explain how you would safely transport the tree from the nursery/tree farm to the planting site, what you would look for at the planting site, and what safety measures you would take when planting.

B. EXPERIENCE SUMMARY (continued)

- b) Explain in detail your experience in tree operation safety and your expertise in applying rules and regulations at the job site, including but not limited to appropriate traffic control measure and application of **ANSI Z133-current version**, and **Planting and Transplanting Part 6, A300-current version**.

4. CLEARANCE, GROWTH HABITS AND GROWTH RATES - Describe two examples of jobs you have had where the knowledge of tree growth rates, growth habits, and their proper clearances were necessary to fully comply with the contract or job.

I hereby certify that all statements made on or in connection with this application including those regarding my education and employment record are true and correct to the best of my knowledge. I agree and understand that any misstatements of material facts may cause forfeiture on my part of all rights to any employment in the service of the City and County of Honolulu. I understand that all information is subject to verification.

Signature of Applicant _____ Print Name _____
National Association of Landscape Professionals (NALP)
LICT-Exterior Designation(s): _____ Expiration Date _____

****Attach a copy of your current NALP certificate.****

Today's Date _____
Rev. 01-25-2021